



**PARTICIPANT SUPPORT REQUEST FORM FOR NSF GRANTS ACCOUNTS 6613, 6614, 6852, 7593, 7594**

Check Number \_\_\_\_\_  
(for AP use only)

ACCOUNTS PAYABLE

Wire Transfer  
Date wire to occur \_\_\_\_\_

PO Number	Final Payment	Date Due	Is Vendor a Corporation? Yes No	ICD Approved	<b>Attach W9 if new vendor or changes to vendor</b>	
Vendor ID/Code	Address Code	Invoice Number			Invoice Date / Service Date or Period	
Payee Legal Name (Individuals should include full first and last name and middle initial)				<b>Payment Handling Instructions:</b> <i>Payment will be made to payee via direct deposit (ACH) or EFT if account information is on file. Otherwise indicate below.</i>  Mail check to Permanent Address Mail check with Attachments Hold check for Pick-up Call Ext. _____		
SMU ID		Country (Foreign)				
Permanent Address						
City		State	Zip			
Reason for Payment	Reimbursement (Attachments Required) Honorarium (Provide details in Purpose of Payment) Other _____ Invoice attached		Purpose of Payment (Informational only; does not appear in GL detail)			
Department Name			Department Contact		Department Phone	
Preparer's Name (Typed or Printed)		Ext.	Authorized by (Financial Officer)		Date	

**Payments to individuals:** U.S. Citizen/Permanent Resident YES NO  
*If no: The individual must complete the Foreign National Information Form (FNI Form). The department will send the FNI form to foreignnationals@smu.edu for HR and Payroll to review and make a determination. Please attach the FNI Form and supporting documentation, as well as a copy of HR's determination to the Payment Request Form.*

**Payments to non-individuals:** U.S. Entity YES NO  
*If no: Please complete the Foreign Vendor Information Form and attach required Form W-8 and other documentation to the Payment Request Form.*

DISTRIBUTION						
Description (appears in GL detail)	Amount	Acct (4)	Fund (2)	Org (6)	Subclass (5)	Project (7)
<b>Total Payment Amount</b>	<b>FOR USE WITH ACCOUNT: 6613 (Domestic Travel), 6614 (Foreign Travel), 6852 (Stipend Participant Support), 7593 (Subsistence Participant Support) OR 7594 (Other Participant Support)</b>					

**Special Approvals** (Request must be signed by someone authorized to charge against the organization ID's referenced above)

Typed or Printed Name	Signature	Title	Date
Typed Printed Name	Signature	Title	Date